

Meeting minutes: Medical Services Review Board

Date: April 16, 2026

Minutes prepared by: Katrina Namad

Location: Hybrid – Washington Room at the Department of Labor and Industry (DLI), 443 Lafayette Road N., St. Paul, MN, and via Webex

Members present

- Beth Baker (chair)
- Annie BeBault-Juntilla
- Tammy Bredahl (remotely)
- Russell Gelfman (vice-chair – remotely)
- Chad Griffith (remotely)
- Kerri Hoff – alternate
- Ceil Jung – alternate
- Chris Kramer – alternate (remotely)
- Courtney Mitchell
- Robin Saunders Ryan (remotely)
- Hannah Schmidt (remotely)
- Jessica Stimac, assistant commissioner (remotely)
- Taiwo Lawal, DLI medical consultant

Members absent

- Zachary Anderson – alternate
- Michael Head
- Arnes Huskic – alternate
- Matthew Monsein
- Maria Starchook-Moore
- Andrew Wilkins - alternate
- Deborah Zurcher – alternate

DLI staff members present

- Sharon Benkufsky
- Nate Corcoran (remotely)
- Tom Garza
- Bretta Hines
- Denise Holmes (remotely)
- Alexis Johnson (remotely)
- Ethan Landy
- Katrina Namad
- Sandy Stoddard

Visitors present

- Alison Khan (WCRA)
- Dr. Kelvin Lim (remotely)
- Marissa Peters (WCRA)
- Lorelei Rowe, Ph.D., LP (remotely)
- Michelle Wagner-Marek (WCRA)
- Cory Wedding (remotely)

Agenda items

1. **Call to order** – The meeting was called to order at 4:03 p.m. Roll call was done by Katrina Namad and a quorum was met.
2. **Approval of agenda and previous meeting minutes** – A motion to approve the Jan. 15, 2026 minutes, along with the April 16, 2026 agenda, was made by Annie BeBault-Juntilla and seconded by Chad Griffith. A roll call vote was taken; the motion passed.
3. **DLI updates – Ethan Landy on behalf of Assistant Commissioner Jessica Stimac**
 - The Workers' Compensation Advisory Council met Monday to finalize its legislative recommendations, which were heard in the House yesterday and will be heard in the Senate this afternoon. Both chambers have advanced the recommendations to the floor. For this group, the key update is the council's approval of adding psychiatric mental health nurse practitioners to the list of providers authorized to diagnose post-traumatic stress disorder (PTSD) under Minnesota Statutes section 176.011, subdivision 15(d). This expands the pool of diagnosing providers by approximately 1,600. Related rule updates will be incorporated accordingly. A full summary of the bill will be shared through the department's workers' compensation mailing lists.
4. **PTSD discussion – Sharon Benkufsky of Compliance, Records and Training**
 - The board reviewed potential updates to the PTSD treatment parameters outlined in Minnesota Rules 5221.6700 following recent APA guideline changes, with expert input from Dr. Kelvin Lim of the University of Minnesota and Dr. Lorelei Rowe of the Mayo Clinic. Both noted they did not have workers' compensation backgrounds but provided clinical insight on psychotherapy and medication recommendations.
 - Regarding psychotherapy treatments, Rowe recommended removing brief eclectic psychotherapy due to it now being classified as having insufficient evidence and that there is no demonstrated benefit over no treatment or treatment as usual. Lim did not have a strong opinion about brief eclectic psychotherapy, saying he is not very familiar with it. The experts supported retaining cognitive therapy, citing strong supporting research and overlap with other effective treatments. The experts expressed uncertainty in definitively recommending to include written exposure therapy (WET) because it is a newer treatment and the evidence is neither strongly for or against it. However, they also agreed WET could remain an option for individuals who do not complete other exposure-based treatments, given it compares well to other established treatments and has potential in allowing patients to pace exposure differently compared to other standard exposure-based treatments.
 - Regarding medications, the experts agreed that alprazolam did not require separate mention because all benzodiazepines are already prohibited under the existing rules. Discussion of topiramate highlighted limited evidence, potential side effects, topiramate's use in comorbid conditions and the need to preserve treatment options due to the small number of effective PTSD medications. The experts concluded they would not recommend that topiramate be added as a specifically non-indicated medication.

- The board also reviewed treatment timing and duration; while the experts supported allowing more frequent sessions, there was ultimately agreement that current duration rules are sufficient given the existing provisions for additional periods when clinically justified.
- Finally, the board asked whether any emerging issues should be considered. Lim noted growing research on psychedelic-assisted therapies, such as ketamine and MDMA, which may warrant future attention as evidence develops. No additional issues were identified. The board also discussed the treatment of chronic PTSD, with Rowe emphasizing that chronic cases remain highly treatable with evidence-based psychotherapy.

5. Injection treatment parameter update – Alexis Johnson of Office of General Counsel

- Alexis Johnson provided an update about the injection treatment-parameter rulemaking. She reminded the board a request for comments was published in February of last year, initiating the formal rulemaking process. The department subsequently released a working rule draft focused on injection parameters and solicited feedback through multiple channels; however, no comments have been received. Stakeholders are still welcome to send comments and additional feedback is still encouraged.
- The board asked about next steps. Ethan Landy explained the board typically reviews the draft and then issues a recommendation to the commissioner to proceed with rule adoption. He said the board may revisit the draft rule at the July meeting and he noted that PTSD-related updates will also need to be brought forward and the board may choose whether to review both sets of rules concurrently or sequentially, depending on workload.
- Board members expressed interest in finalizing the injection parameters, particularly since most proposed changes expand access and have not prompted objections. Members also discussed whether additional expert input is needed regarding PTSD medication changes. The department will consider this feedback while planning future agendas and rulemaking steps.

6. Future agenda items – Chair Beth Baker and board

- A member asked about the status of prior discussions concerning treatment parameters for traumatic brain injury (TBI). Landy explained that work on TBI is currently on hold, as other rulemaking priorities – some driven by statutory requirements – were advanced first. He noted that earlier expert input raised questions about whether the timing was appropriate to undertake TBI rule development, given evolving issues in diagnosis and treatment. Landy added that the underlying rulemaking request was never withdrawn and could be re-examined. If new evidence or developments in TBI care warrant renewed attention, the topic can be brought back to the board for further discussion and potential action.
- No additional future agenda items were brought to the table.

Adjournment

- A motion to adjourn was made by Russell Gelfman and seconded by BeBault-Juntilla. A roll call vote was taken and the motion carried. The meeting was adjourned at 5:25 p.m.